

<p><b>U.S. Postal Service™</b> <i>2010.23 ea LMS</i></p> <p><b>CERTIFIED MAIL® RECEIPT</b></p> <p><i>Domestic Mail Only</i></p> <p>For delivery information, visit our website at <a href="http://www.usps.com">www.usps.com</a>®.</p> <p style="text-align: center;"><b>OFFICIAL USE</b></p>	
<p><b>Certified Mail Fee</b></p> <p>\$</p> <p><b>Extra Services &amp; Fees (check box, add fee as appropriate)</b></p> <p><input type="checkbox"/> Return Receipt (hardcopy) \$ _____</p> <p><input type="checkbox"/> Return Receipt (electronic) \$ _____</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery \$ _____</p> <p><input type="checkbox"/> Adult Signature Required \$ _____</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery \$ _____</p>	
<p><b>Postage</b></p> <p>\$</p> <p><b>Total Postage and Fees</b></p> <p>\$</p>	
<p><b>Sent To</b></p> <p>Street 1: <b>Fredy Valle d/b/a Valle Trucking</b></p> <p>2449 SW 90th Street</p> <p>City, St: Oklahoma City, OK 73159</p>	



OKLAHOMA CITY OK 73102 USPS  
Postmark  
1617 2022

### **EXHIBIT 3**

quad  
FIRST  
IMI  
\$01  
08/17/22  
043M3



**DOERNER SAUNDERS**  
LLP LAWYERS

210 Park Avenue, Suite 1200  
Oklahoma City, OK 73102

Fredy Valle d/b/a Valle Trucking  
2449 SW 90th Street  
Oklahoma City, OK 73159

*AN*  
**Certified Mail**  
**Return Receipt Requested**



We're Deliver for You!

Download Informed Delivery® APP  
to manage your redeliveries.

**Sorry we missed you while you were out.**

Date: \_\_\_\_\_

The item was sent by: \_\_\_\_\_

It was sent to: \_\_\_\_\_

At this address: \_\_\_\_\_

**About the missed delivery:**

It was a:

\_\_\_\_ Package    \_\_\_\_ Letter    \_\_\_\_ Large envelope

Parcel Locker Eligible

Available for pickup date: \_\_\_\_\_

PS Form 3811, July 2020 PSN 7530-02-000-9053

2020 2450 0002 1194 0865  
9590 9402 6307 0274 1930 64  
2. Article Number Transfer from service label



OKLAHOMA CITY, OK 73159

Fredy Valle d/b/a Valle Trucking  
2449 SW 90th Street

OKLAHOMA CITY, OK 73159

1. Article Addressed to:

- Attach this card to the back of the mailpiece,
- or on the front if space permits.
- Print your name and address on the reverse so that we can return the card to you.

Complete items 1, 2, and 3.

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

must be 18+ years old must be 21+ years old  
 Other: \_\_\_\_\_

Please see reverse to schedule redelivery or pickup.

PS Form 3849, February 2021

A. Signature		
<input checked="" type="checkbox"/> Agent		
<input type="checkbox"/> Addressee		
B. Received by (Printed Name)	C. Date of Delivery	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:
3. Service Type Priority Mail Express Priority Mail Registered Mail Adult Signature Restricted Delivery Adult Signature Restricted Mail Delivery Certified Mail Collect on Delivery Signature Confirmation Insured Mail Insured Mail Restricted Delivery Restricted Delivery Signature Confirmation Collect on Delivery Restricted Delivery Signature Confirmation Insured Mail Restricted Delivery Restricted Delivery		
Domestic Return Receipt 2020 2450 0002 1194 0865		